

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

163-036365  
4725 STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED SEP 18 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

M. Shapiro

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>LEE'S SUMMIT</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MENORAH HOSPITAL</b>		d. STREET ADDRESS (If outside, give location). <b>L-5 LAKE LOTAWANA</b>	
3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle <b>JOSEPH</b> Last <b>PATTERSON</b>		4. DATE OF DEATH Month <b>AUGUST</b> Day <b>25</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>CAUC.</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/24/1927</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COMPTROLLER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>METROPOLITAN CONSTRUCTION COMPANY</b>	
11a. BIRTHPLACE (City and state or country) <b>KANSAS CITY, MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>HOMER PAUL PATTERSON</b>		13b. MOTHER'S MAIDEN NAME <b>FLO MARIE O'ROURKE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of <b>WORLD WAR</b> )		17. INFORMANT <b>MRS. E. K. LEWIS</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized - Cochesia - &amp; debility</b> DUE TO (b) <b>Due - to metastatic disease to 8-24-63</b> DUE TO (c) <b>Carcinoma of the lung - bronchopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7-11-63</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>2:49 P.</b> Month, Day, Year <b>Nov 11, 1960</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>KANSAS CITY, MO.</b>
21. I attended the deceased from <b>Nov 11, 1960</b> to <b>9-25-63</b> and last saw her alive on <b>Aug 24, 1963</b> Death occurred at <b>2:49 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <b>701863-</b>	
22a. SIGNATURE (Degree or title) <b>M. Shapiro M.D.</b>		22c. DATE SIGNED <b>8-27-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>AUG 28, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
24. FUNERAL DIRECTOR <b>J. W. NEWCOMER'S SONS, KANSAS CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>8-28-63</b>	26. REGISTRAR'S SIGNATURE <b>Bessie Smith</b>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. Frank Chapin  
201 Eastern City Hotel - 701 East 63rd Street  
3:00 - 5:00

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Licensed Embalmer No. 3566

P. O. Address A.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.